		PENSE CLAIM	l			uctions a					Paga		of		
STD 262 (REV 10/92) Stateme						nt on Reverse Side SSAN OR EMPLOYEE NUMBER DEPARTM					Page 1 of 1				
Michael Naple						Governor						r's Office			
POSITION CB/ID NUMBER						DIVISION OR BUREAU					INDEX NUMBER				
Deputy Press Secretary						Press Office									
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER				
						State Capitol									
СПУ		STATE		ZP		12000 12							ZIP		
						Sacram	Sacramento			CA		95814			
_	HVYEAD	LOCATION WHERE EXPENSES	LODGING		MEALS				П	PANSPORTAT	NOF				
										CARFARE,			BUSINESS	TOTAL	
DATE	TIME	WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF TRANS.	TYPE USED	TOLLS,		CAR USE	EXPENSE	EXPENSE	
DATE	111112	WEILERWOOMILE		DILAKI ASI	LUITON	DINNER		THANS.	THE USED	PARKING	MILES	AMOUNT		FOR DA	
1-Mar	5:30 PM	Sacramento, CA						/317.40	Air		24	12.00		329.	
Mar	8:30PM	Cathederal City, CA	116.25					98.06	Car			0.00		214.	
12-Mar	7:30 AM	Sacramento, CA						337,50	Air			0.00		337.	
										1		0.00		0.	
												0.00		0.0	
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									57			0.00		0.0	
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			10000									0.00		0,0	
												0.00		0.0	
		OTALS	116.25	0.00	0.00	0.00	0.00	752.96	0.00	0.00	24	12.00	0.00		
COLUMN	CODE (ACCTG USE ONLY)												
	CLAIM	TOTAL											\$883	1 21	
PURPOS	E OF TRI	P, REMARKS AND I	DETAILS	(Attach red	eipts whe	en required)				NORMAL V	VOBK HOL			
		staff at two press o				8		s initiati	ve.		NOTHING Y	VOTIKTIOO	7110		
											PRIVATE V	EHICLE LIG	CENSE NU	MBER	
											MILEAGE F	RATE CLAIN	MED		
											0.5				
											AGENO	Y ACCOL		FFICE	
		at the above is a true stater owned vehicle was used ar									- 7000	USE C			
		med, and that I have met th								qual to or	PARIBY	REVOLVING FI	G S	MBER.	
pertaining to	vehicle safe	ity and seat belt usagr		Т	DATE		SIGNATURF (OF OFFICER A	:G TF	RAVEL	AYMENT	70	DATE	8	
î					4/12/	ID							4/2	0/10	
SIGN/	FTITLE OF A	AUT FOR SPECIAL E	APENSES					-				ı	DATE /		
													4/20	10	

STATE OF CALIFORNIA